

What to do if you become ill abroad?

Participants in the USA, Canada or Mexico

You are required to contact One Team Health (OTH) prior to obtaining medical care unless you are having a life-threatening emergency such as difficulty breathing, excessive bleeding or pain, severe eye injury, chest pain, severe burns. Go immediately to an emergency room or call 911 if having a life-threatening emergency.

Contact OTH by calling US/Canada toll free **1.844.805.9444**; Worldwide Collect **1.905.907.0074** or email **dhig@oneteamhealth.com**

OTH will triage your medical situation and refer you to an appropriate level of care medical provider in the Aetna network, if possible. Failure to call OTH prior to receiving treatment in a non-life-threatening situation could result in financial penalty. Benefits for eligible medical expenses will be reduced by fifty percent (50%) up to a maximum penalty of \$1,000 if Pre-Authorization is not obtained. The Insurer will waive this penalty in case of a Medical Emergency. Pre-Authorization is required for the following services:

- Inpatient Hospitalization
- Outpatient Surgery
- All CAT scans, PET scans, and MRIs
- Air Ambulance (Air Ambulance service will be coordinated by the Insurer's Air Ambulance Provider)
- Specialty Treatments and Highly Specialized Drugs
- Physical Therapy and Rehabilitation Services

Pre-Authorization is also required for the following transportation services. Failure to Pre-Authorize will result in denial of benefits:

- Interfacility Ambulance Transfer; Medical Evacuation and Repatriation; Return of Mortal Remains; Emergency Reunion; Return Ticket Benefit; and Trip Interruption.

Contact OTH by calling US/Canada toll free +1.844.805.9444; Worldwide Collect +1.905.907.0074 or email **dhig@oneteamhealth.com**

Participants in all other countries except the USA, Canada & Mexico

Participants outside of the USA/Canada/Mexico will contact **Coris Assistance SRL** for assistance, **NOT OTH**. Coris Assistance SRL toll free **+1 833 982 1333** or email **corisclaims@dhig.net**

Your insurance plan includes a free choice of hospitals, clinics or physicians. However, you should always call Coris Assistance SRL before you seek treatment, to ensure that they can coordinate your case with the physician or specialist. Through Coris Assistance SRL you can receive recommendations and advice for treatment facilities that are located in the area where you are located. **Pre-Authorization is required in all countries as explained above!**

Emergency Room Treatment (only in the USA)

In the US you should only go to an Emergency Room in case of a serious or life-threatening accident or illness, for example: Head injuries, Chest pain, Loss of consciousness, Difficulty breathing, Seizures, Excessive Bleeding or Pain. Non-life-threatening conditions such as Sports Injuries, Sore throats, Minor cuts, Cold/flu, Sprains and strains, Urinary tract infections, Earaches, Simple fractures, and Minor burns should be treated at a Convenient Care, Walk-in or Urgent Care Clinic. Search for an Urgent Care Clinic:

http://www.aetna.com/dse/search?site_id=passport

(Click on the 'Urgent Care Centers' link under the 'Providers' section).

One Team Health (OTH) can also help you find an appropriate provider. Again, you first must call OTH for triage and a referral.

All pre-existing medical conditions are excluded under this policy. Pre-Existing condition means an injury, sickness, disease, or other condition that you had symptoms of or were diagnosed with during the 18-month period before your policy's effective date. Your condition may also be considered pre-existing if you take medication for the condition during the 18-month period before your policy's effective date. Please read the policy conditions document for more details on pre-existing conditions.



iE - international Experience

Group Travel Insurance Plan: **Elite LB**

Policy Number: **please refer to your Insurance ID-Card**

This policy is underwritten by Kooperativa poist'ovna, a. s., Vienna Insurance Group. Vienna Insurance Group has a Standard & Poor's rating of A+ (with a stable outlook).

The Coverholder is Daily Health Insurance Group (dhig GmbH) and the Assistance Services are rendered by either One Team Health (OTH) or Coris Assistance SRL depending on the host country.

This brochure is only a summary. Please refer to the policy document for complete details! Information regarding additional coverages, such as liability and baggage, can be found by logging into your MyInsurance account.

To access your complete insurance information including your Insurance ID-Card and Claims Instructions, please login to your personal MyInsurance area at:

www.esecutive.com/MyInsurance

To create your account, you will need:

- Your Last Name
- Your First Name
- Certificate / Policy Number
- Your Date of Birth



Schedule of Benefits

(All benefits shown are in USD)

Benefits will be paid on a Usual, Customary, and Reasonable basis or a negotiated basis with the contracted providers. Subject to Policy exclusions, limitations and conditions, for the charges listed, if they are:

- Incurred as a result of sickness or accidental bodily injury, under the care of a Physician; and
- Medically Necessary and
- Ordered by a Physician and
- Delivered in an appropriate medical setting.

Insured Amount per Person per Accident or Illness: 2,000,000 USD
Deductible: 0 USD

Coinsurance: 100% of Usual, Reasonable & Customary (URC) Charges or Preferred Allowance, if a contracted Provider is used
Terms of Payment: Full Excess
Pre-Existing Conditions: Not covered (subject to 18-month look back period, see definition)

Benefit Coverage

Hospital Room & Board Benefit

- Subject to Semi-private room rate

Intensive Care/Cardiac Care Unit Benefit

Hospital Miscellaneous Expense Benefit

Surgeon (In or Outpatient) Benefits

Assistant Surgeon Benefit

Pre-Admission Testing Benefit

Anesthesia Benefit

Day Surgery Miscellaneous Benefit

Diagnostic XRAY and Lab Benefit

Ambulance Benefit

Physician Visit Benefit (Inpatient)

Physician Visit Benefit (Outpatient)

Consultant Physician Benefit

Radiation/Chemotherapy Benefit

Emergency Room Benefit

- Triage is mandatory
- CoPayment only applies to services rendered in the USA

Emergency Dental Expense Benefit

Palliative Dental

Physiotherapy Expense Benefit – Inpatient

Physiotherapy Expense Benefit – Outpatient

Durable Medical Equipment Expense Benefit

Prescription Drug Benefit

Mental & Nervous Conditions Expense Benefit (Inpatient)

Mental & Nervous Conditions Expense Benefit (Outpatient)

Emergency Treatment of a Pre-Existing Condition Benefit

Baggage Loss

Emergency Medical Evacuation, Medical Repatriation*

Return of Mortal Remains Benefit*

Emergency Reunion*

Return Ticket Benefit*

Trip Interruption Benefit*

Covered Benefit

100% URC

100% URC

100% URC

100% URC

100% URC

100% URC

100% URC

100% URC

100% URC

100% URC

100% URC

100% URC

100% URC

100% URC

100% subject to a \$350 copay, waived if admitted.

100% URC

100%, up to \$200 maximum benefit per tooth

100% URC

100% URC, up to \$2,500 maximum

100% URC

100% URC

Payable at 80% up to \$10,000

100% URC, up to \$500, Diagnosis Only

100% URC, up to \$10,000 per Policy Period

100% URC; up to \$500 per Policy Period

Up to \$250,000 maximum

Up to \$25,000 maximum

As further specified in this policy

100% URC, up to \$5,000 per Policy Period

As further specified in this policy

*Please see the policy, part IB, for further details

Accidental Death and Dismemberment Benefits

Class 1 Principal Sum: **\$15,000**
(Maximum Death benefit payable shall not exceed \$5,000 for an Insured Person aged 17 years or younger)
Aggregate Limit: **\$500,000**

Loss of:	Benefit: (Percentage of Principal Sum)
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Exceptions and Exclusions

Unless specifically provided for elsewhere under the Policy, the Plan does not provide benefits, nor is any premium charged, for any Medical Treatment not expressly indicated in the Eligible expense section. For further clarity, please note that the Plan does not provide benefits, nor is any premium charged, for:

- Medical Treatment received by the Insured in his or her Home Country or country of regular domicile;
- Medical Treatment received due to a Pre-Existing Condition or complication thereof
- Medical Treatment which is not Medically Necessary, as defined in the Policy;
- Charges which are in excess of Usual, Reasonable and Customary;
- Charges Reimbursable by Another Entity: Services, supplies, or treatment that are provided by or payment is available from:
a. Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country; b. Another insurance company or government; c. A government entity due to an epidemic or public emergency;
- Hearing aids, eye glasses, or contact lenses and the fitting or servicing thereof, examinations, or prescriptions except that the Policy will cover these expenses if the need for such results directly from a Covered Injury or covered eye surgery;
- Birth control devices and surgical procedures, or any drug or treatment that promotes or prevents conception, or prevents childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, tubal ligation, vasectomy, sterilization or reversal thereof;
- Elective or preventive surgery or any Medical Treatment related to an elective or preventive surgery including, but in no way limited to breast reduction or enlargement, circumcision, immunization antibody testing, allergy tests, antitoxins; or the correction or treatment of a deviated septum;
- Cosmetic, plastic, reconstructive, or restorative surgery unless such are Eligible expenses incurred for repair of a disfigurement caused from: a) A Covered Injury; b) a birth defect of an insured Eligible Dependent born while the mother was insured under this Policy; or c) a mastectomy (refer to the Post-Mastectomy Coverage provision);
- Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, postoperative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges;
- Medical Treatment for injuries sustained in practice for or participation in professional or semiprofessional sports; or in practice for or participation in intercollegiate sports in excess of benefits provided elsewhere in this coverage, if any;
- War or any act of war, declared or undeclared or the Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation; or the Voluntary, active participation in a civil war, riot, rebellion, insurrection, or revolution; or participation in the armed forces, national guard, military, naval, or air services.
- Medical treatment arising out of aeronautics or air travel, except while riding as a passenger on a regularly scheduled commercial airline,
- Suicide, attempted suicide (including drug overdose) selfdestruction, attempted selfdestruction or intentional selfinflicted Injury while sane or insane
- Medical Treatment for Injuries sustained while taking part in: Mountaineering; hang gliding; Parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; motorcycle/motor scooter riding or any other two or three wheeled motorized vehicle; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; water skiing; spelunking; parasailing.
- Medical Treatment for Injury or Sickness sustained by reason of a motor vehicle or motorcycle accident
a) to the extent that benefits are paid or payable by any other valid and collectible insurance whether or not claim is made for such benefits, b) if the Insured was operating the motor vehicle or motorcycle while Intoxicated under the laws of the state in which the accident occurred, c) if the Insured was operating the motor vehicle or motorcycle without a driver's license or permit recognized as valid under the laws of the state in which the accident occurred, or d) if the Insured was not operating the motor vehicle or motorcycle in conformity with the restrictions of the driver's license or permit;
- Medical Treatment for an Injury or Sickness resulting from the Insured's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Insured's Physician;
- Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes or for Compound, Specialty, and Experimental drugs;
- Medical Treatment for obesity, including bariatric surgery and anorectics;
- Medical Treatment related to sex transformation surgery or the reversal thereof;
- Genetic medicine, genetic testing, surveillance testing and/or screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic predisposition, provide genetic counseling, or administration of gene therapy;
- Medical Treatment for the diagnosis and testing for or related to any learning disability or congenital condition, except this does not include congenital conditions for a child if the delivery is covered under this insurance;
- Expenses incurred for an Accident or Sickness after the Policy Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- Regular health checkups, routine physical or health examinations, sports physicals, gynecologic health screenings, routine baseline or screening mammograms, prostate and/or colorectal examinations and related laboratory tests, annual health checkups, immunizations indicated on the Recommended Immunization Schedule by the Centers for Disease Control and Prevention, and tuberculosis tests in excess of benefits provided elsewhere in this coverage, if any.
- Insured being exposed to the Utilization of Nuclear, Chemical or Biological Weapons of Mass Destruction.
- Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- Pregnancy & maternity: a. all expenses related to Pregnancy including but not limited to prenatal care, childbirth, miscarriage, abortion, premature birth, and all complications related to the mother or child, b. maternity or delivery preparation classes, c. elective Caesarean section, d. care or treatment for an individual acting as a surrogate;
- AIDS/HIV, Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex Syndrome (ARC), HIV infection, and all secondary diseases;
- Alcohol and Drug Abuse: a. Treatment related to the detoxification, rehabilitation, and all support service; b. Treatment of any Sickness or Injury arising directly or indirectly from alcohol or illegal drug abuse or other addiction, or any drugs or medicines that are not taken in the dosage or for the purposed prescribed;
- Extended Care: All expenses related to Extended Care from an Extended Care Facility;
- Hospice Care: Palliative and supportive services to terminally ill Insured's and their families;
- Over-the-Counter and Non-Prescription Drugs: Over the counter drugs or nonprescribed drugs or medical devices, even if recommended by a Physician, including but not limited to the following: a. Tobacco dependency; b. Weight reduction or appetite suppressant, c. Cosmetic drugs, even if ordered for noncosmetic purposes d. Acne and rosacea drugs (including hormones and RetinA), except for cystic and pustular acne, Vitamins, supplements, or herbs.
- Personal Comfort and Convenience Items: Expense for items that are provided solely for personal comfort or convenience such as television, private rooms, housekeeping services, guest meals and accommodations, special diets, telephone charges, and take home supplies.
- Podiatric Care: Routine foot care, orthopedic shoes or other supportive devices such as; arch supports, orthotic devices, or any other preventative services or supplies to treat the diagnosis of weak, strained, or flat feet or fallen arches.
- Search and Rescue: Any expenses relating to search and rescue operations to find a Plan Participant in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea;
- Sexual Dysfunction: Any procedures, supplies, or drugs used to treat male or female sexual enhancement or sexual dysfunction such as erectile dysfunction, premature ejaculation, and other similar conditions;
- Sleep Studies: Sleep studies and other treatments relating to sleep apnea;
- Smoking Cessation: Treatments whether or not recommended by a Physician;

For a detailed representation, including all restrictions and exemptions. please read the detailed insurance terms and conditions.